

PGBA or WPS  
TRICARE Claims Administrator for Your Region

**TRICARE EXPLANATION OF BENEFITS**

This is a statement of the action taken on your TRICARE Claim.  
Keep this notice for your records.

1*	3*	Date of Notice: August 02, 2000 Sponsor SSN: 000-00-0000 Sponsor Name NAME OF SPONSOR Beneficiary Name: NAME OF BENEFICIARY	
2*	4*		
	5*		
	7*		Benefits were payable to:
6*	PATIENT, PARENT/GUARDIAN ADDRESS CITY STATE ZIP CODE		PROVIDER OF MEDICAL CARE ADDRESS CITY STATE ZIP CODE
8*			

**Claim Number: 919533693-00-00**

Services Provided By Date of Services	Services Provided	Amount Billed	TRICARE Approved	See Remarks
9*	10*	11*	12*	13*
PROVIDER OF MEDICAL CARE				
07/08/2000	1 Office/outpatient visit, est (99213)	\$ 45.00	\$ 38.92	1
07/08/2000	1 Comprehen metabolic panel (88054)	20.00	19.33	1
07/08/2000	1 Automated hemogram (85025)	12.00	12.00	1
<b>Totals:</b>		<b>\$ 77.00</b>	<b>\$ 70.25</b>	

Claim Summary	Beneficiary Liability Summary	Benefit Period Summary
15*	16*	
Amount billed: 77.00	Deductible 0.00	<b>Fiscal Year Beginning:</b>
TRICARE Approved: 70.25	Copayment: 0.00	October 01, 1999
Non-Covered: 14* 6.75	Cost Share 17.56	Individual Family
Paid by Beneficiary: 0.00		Deductible: 150.00 150.00
Other Insurance: 0.00		Catastrophic Cap:
Paid to Provider: 52.69		<b>Enrollment Year Beginning:</b>
Paid to Beneficiary: 0.00		December 01, 1999
Check Number:	POS Deductible:	Individual Family
	Prime Cap:	300.00 600.00
		856.32

**Remarks 17\***

1 – CHARGES ARE MORE THAN ALLOWABLE AMOUNT

**1-888-XXX-XXXX 18\*****THIS IS NOT A BILL**

If you have questions regarding this notice, please call or write us at the telephone number/address listed above

- PGBA or WPS processes all TRICARE claims depending on the region where you live.
- Prime Contractor: The name and logo of the company that provides managed care support for the region where you live will appear here.
- Date of Notice: PGBA or WPS prepared your TRICARE Explanation of Benefits (TEOB) on this date.
- Sponsor SSN/Sponsor Name: Your claim is processed using the Social Security Number of the military service member (active duty, retired or deceased) who is your TRICARE sponsor.
- Beneficiary Name: The patient who received medical care and for whom this claim was filed.

6. Mail To Name and Address: We mail the TRICARE Explanation of Benefits (TEOB) directly to the patient (or patient's parent or guardian) at the address given on the claim. (HINT: Be sure your doctor has updated your records with your current address.)
7. Benefits Were Payable To: This field will appear only if your doctor accepts assignment. This means the doctor accepts the TRICARE Maximum Allowable Charge (TMAC) as payment in full for the services you received.
8. Claim Number: Each claim is assigned a unique number. This helps PGBA or WPS keep track of the claim as it is processed. It also helps them find the claim quickly whenever you call or write us with questions or concerns.
9. Service Provided By/Date of Services: This section lists who provided your medical care, the number of services and the procedure codes, as well as the date you received the care.
10. Services Provided: This section describes the medical services you received and how many services are itemized on your claim. It also lists the specific procedure codes that doctors, hospitals and labs use to identify the specific medical services you received.
11. Amount Billed: Your doctor, hospital or lab charged this fee for the medical services you received.
12. TRICARE Approved: This is the amount TRICARE approves for the services you received.
13. See Remarks: If you see a code or a number here, look at the Remarks section (17) for more information about your claim.
14. Claim Summary: A detailed explanation of the action taken by PGBA or WPS taken on your claim is given here. You will find the following totals: amount billed, amount approved by TRICARE, non-covered amount, amount (if any) that you have already paid to the provider, amount your primary health insurance paid (if TRICARE is your secondary insurance), benefits we have paid to the provider, and benefits paid to the beneficiary by PGBA or WPS. A Check Number will appear here only if a check accompanies your TEOB.
15. Beneficiary Liability Summary: You may be responsible for a portion of the fee your doctor has charged. If so, you'll see that amount itemized here. It will include any charges that we have applied to your annual deductible and any cost-share or copayment you must pay.
16. Benefit Period Summary: This section shows how much of the individual and family annual deductible and maximum out-of-pocket expense you have met to date. If you are a TRICARE Standard or Extra beneficiary, PGBA or WPS calculates your annual deductible and maximum out-of-pocket expense by fiscal year. See the Fiscal Year Beginning date in this section for the first date of the fiscal year. If you are a TRICARE Prime beneficiary, we calculate your maximum out-of-pocket expense by enrollment and fiscal year. See Enrollment Year Beginning date in this section for the first date of your enrollment year. (Note: the Enrollment Year Beginning will appear on your TEOB only if you are enrolled in TRICARE Prime.)
17. Remarks Explanations of the codes or numbers listed in See Remarks will appear here.
18. Toll-Free Telephone Number: Questions about your TRICARE Explanation of Benefits? Please call PGBA or WPS at this toll-free number. Their customer service representatives will assist you.